

March 29, 1988

**A JOINT EXERCISE OF POWERS AGREEMENT
FOR THE PURPOSE OF PROVIDING FOR THE OPERATION
AND MANAGEMENT OF AN EMERGENCY MEDICAL SERVICES
SYSTEM IN THE COUNTIES OF INYO, MONO, AND
SAN BERNARDINO AND CREATING
THE INLAND COUNTIES EMERGENCY MEDICAL AGENCY**

THIS AGREEMENT dated for convenience the APR 25 1988 by and between the Counties of Inyo, Mono, and San Bernardino, each a political subdivision of the State of California.

RECITALS:

WHEREAS, under the provisions of the Government Code, State of California (Section 6500, et seq.), and the parties hereto may jointly exercise powers common to all; and

WHEREAS, there now exists within the area of jurisdiction of the parties hereto, a joint powers agreement and agency created by that agreement called the Inland Counties Emergency Medical Agency (ICEMA) and there exists an urgent and demonstrated need to maintain a multi-county Emergency Medical Services (EMS) program in order to continue to improve Emergency Medical Services and undertake necessary solutions; and maintain in order a to jointly undertake necessary solutions; and

WHEREAS, the parties hereto desire to delineate local EMS Agency responsibilities in accordance with changes in the Emergency Medical Services System and the Pre-hospital Emergency Medical Care Personnel Act (Section 1797, et seq. of the Health and Safety Code) hereinafter called the "Act", and participate in a Joint Powers Agreement.

NOW, THEREFORE, in consideration of the mutual promises, covenants and conditions hereinafter contained, the parties hereto agree as follows:

ARTICLE I

PURPOSE AND CREATION

The purpose of this Agreement is to supplement and replace all prior agreements and to provide overall systems management and evaluation of a Multi-county EMS System by and through a Joint Powers Agency in the geographical territory encompassed by the member counties.

There is hereby continued pursuant to this Joint Exercise of Powers Agreement an agency known as the Inland Counties Emergency Medical Agency, herein referred to as "Agency." For the purpose specified in this Agreement the agency shall be an entity separate from the parties to this Agreement, and shall be administered by the County of San Bernardino, Board of Supervisors.

ARTICLE II

TERM

- A. This Agreement shall become effective as of the date upon which all member counties have approved it and shall continue in full force and effect until terminated by the withdrawal of two or more counties.
- B. Upon termination of this by Agreement, any money or assets, except funded equipment in possession of the Agency for use under this Agreement, after payment of all liabilities, expenses and charges incurred under this Agreement shall be returned to the counties in proportion to their contributions determined as of the time of termination. All funded equipment shall be disposed of in a manner prescribed by the appropriate grantor Agency.
- C. Any party may withdraw from this agreement by giving six months written notice to all other parties, provided the withdrawing party shall pay its proportionate share of indebtedness which occurred while the withdrawing party was a party to the Agreement

ARTICLE III

GENERAL POWERS

- A. **Management and Direction of the Agency**
 - 1. The Agency shall be governed by the Board of Supervisors of the County of San Bernardino, hereinafter the Board. All necessary administrative duties shall be performed by the County Health Officer of the County of San Bernardino, hereinafter the Health Officer.
 - 2. The Secretary of the Board shall be the Clerk of the Board of Supervisors of the County of San Bernardino. The Treasurer of the Agency shall be the Treasurer of the County of San Bernardino, who shall be the depository and have custody of all money of the Agency from whatever sources. The Auditor-Controller of the Agency shall be the Auditor-Controller of the County of San Bernardino, who shall draw all warrants to pay demands against the Agency approved by the Health Officer or his deputy. The attorney for the Agency shall be the County Counsel of the county of San Bernardino or his duly authorized Deputy. Public Officers or persons who have charge of or who handle or have access to any property of the Agency shall file an official bond in the amount of \$2500. The Health Officer shall be the appointing authority and shall have power to appoint or employ such other consultants, advisors, and independent contractors as may be deemed necessary.

The date, hour and place of the holding of meetings of the Board shall be fixed by resolution of the Board and a copy of such resolution shall be filed with each party hereto. Notice of conduction of meetings shall be in accordance with the provisions of the Ralph M. Brown Act commencing with Section 54950 of the Government Code.

3. Policies and procedures for medical control adopted by the Medical Director of the Agency shall be developed in concurrence with each County Health Officer of the member counties of this Agreement.
4. The Agency shall employ an Emergency Medical Services Administrator who shall report directly to the Health Officer. The Agency shall also employ sufficient staff to fill established positions. The employees performing services for the Agency shall be employees of the County of San Bernardino, whose work for the Agency shall be funded by the Agency.
5. Personnel rules and policies of the County of San Bernardino shall apply to employees of the County of San Bernardino who are performing services for the Agency.
6. The Agency shall obtain the services of a full or part-time licensed physician and surgeon with experience in emergency medicine to provide medical control and to assure medical accountability. Such physician shall act as the designated Medical Director for member counties pursuant to the Act and shall report directly to the health officer.
7. For purposes of accountability the Agency's expenditures and revenues shall be maintained in a separate budget unit.

B. Contracts

In order to achieve the purpose of this agreement, the Agency may make and enter into contracts approved and executed by the Board including contracts with public and private organizations and individuals, secure necessary services and materials in accordance with grant awards, and sue and be sued in its own name. No contract of the Agency may extend beyond the term of this agreement and any renewals thereof.

C. Liability

No expense shall be incurred in excess of available funds for the establishment and operation of the Agency established pursuant to the Joint Exercise of Powers Act. The Agency shall obtain liability insurance in such amount as the Board determines is necessary to cover the risk of liability incurred by the activities of the Agency. The debts, liabilities, and obligations of the Agency are not and shall not become debts, liabilities, or obligations of any of the parties to this Agreement. No party to this Agreement shall be responsible for any debt or obligation of the Agency.

D. Grants

The Agency may apply for and receive state, federal, local government and private organizational grants, and may receive contributions or donations from any source for the implementation of the

purposes of the Agency as stated herein. The Agency may earn and expend income for activities undertaken for its purpose.

E. Rules

The Board shall adopt rules for the governing of the Agency. Such rules shall make provision for an annual independent audit or an audit covering a two-year period if so determined by the Administrator, but all in compliance with California Government Code Section 6505. Such rules shall also provide for an annual report of the activities to be made to the Boards of Supervisors of the counties, which are parties thereto. The report shall include a summary of the operations of the Agency and the audit report of receipts and expenditures.

F. Governing Law

Pursuant to Section 6509 of the Government Code, the powers of the Agency are subject to the restrictions upon the manner of exercising the power of the County of San Bernardino.

ARTICLE IV

REGIONAL EMERGENCY MEDICAL SERVICES SYSTEMS MANAGEMENT

A. Agency Designation

The Agency is designated as the Local EMS Agency with respect to the functions of the Act delegated to the Agency by each signator to this Agreement. All functions not specifically delegated to the Agency are retained by each member county. Functions specifically reserved by each member county include: (1) Disaster management operation; (2) management and enforcement of county ambulance ordinances with the exception of functions delegated to the Agency; and (3) designation of exclusive operating areas.

B. Agency Authorization:

The execution of this agreement acts as a delegation to the Agency by each signator of all the following to this Agreement the Agency shall act as the local EMS Agency to each function.

C. Designated Agency and Medical Director Functions

1. All duties as recorded in Division 2.5 of the Health and Safety Code Sections 1797.202, 1797.204, 1797.206, 1797.208, 1797.210, 1797.212, 1797.213, 1797.214, 1797.215, 1797.218, 1797.220, 1797.222, 1797.250, 1797.252, 1797.254, 1797.256, 1797.257, 1797.258, 1798, 1798.2, 1798.4, 1798.6, 1798.100, 1798.101, 1798.102, 1798.104, 1798.160, 1798.162 (a), 1798.163, 1798.164, 1798.165, 1798.166, 1798.170, 1798.172, 1798.200, 1798.202, 1798.204, 1798.205, 1798.206 and 1798.208.
2. The Agency shall provide an organizational and committee structure which fosters inter-agency and intra-agency coordination and maintain an effective working relationship between individuals and groups.

3. The Agency shall provide liaison with county Emergency Medical Care Committees and providers to plan effective program variations, which meet specific county, provider and patient needs.
4. The Agency shall periodically assess designated facilities to assure that listed treatment capability is current and modifications of triage and treatment guidelines reflect current medical practice.
5. The Agency shall monitor EMS legislative activities on behalf of the member counties at the state and local levels.
6. The Agency shall provide for data collection, analysis and dissemination to assure a factual basis for multi-county program activities.
7. The Agency in conjunction with member counties shall evaluate multi-county systems effectiveness and service delivery to patients through patient care audits, monitoring of field treatment activities and patient disposition as it relates to their specific medical condition.
8. The Agency shall research availability of funds, institute applications where appropriate, and manage budget in accordance with San Bernardino County policies and specific requirements of funding sources.
9. The Agency shall provide for coordination of multi-county EMS systems public education programs and related public relations.
10. The Agency shall provide liaison and consultation among counties in coordination of disaster services as appropriate.
11. The Agency shall comply with all other relevant requirements as stated in the Act.
12. The Agency shall have other powers and responsibilities, which are specifically authorized by each of the counties party to this Agreement.

ARTICLE V

FISCAL YEAR

For the purposes of this Agreement, the term "fiscal year" shall mean the period from July 1st to and including the following June 30th.

ARTICLE VI

CLAIMS

All claims against the Agency including but not limited to claims by public officers and employees for fees, salaries, wages, mileage or other expenses, shall be filed within the time and in the manner specified in Chapter 2 (commencing with Section 910) of Part 3, Division 3.6 of Title 1 of the Government Code or in accordance with claims procedures approved by the Auditor-Controller of the Agency and established

by the Board pursuant to Chapter 5 (commencing with Section 930) or Chapter 6 (commencing with section 935) of said Part 3 of the Government Code. The Board shall adopt a regulation requiring that all claims shall be so filed.

ARTICLE VII

ALLOWANCE OF CLAIMS BY AUDITOR-CONTROLLER

- A. The Auditor-Controller of the Agency shall audit and allow claims without prior approval of the Board in any of the following cases:
 - 1. Claims that are based on the budget.
 - 2. Expenditures which have been authorized by the Health Officer.
- B. The Auditor-Controller shall require certification by the requisitioning or receiving employee that the articles or services have been received as contracted for in accordance with the prior authorization.

ARTICLE VIII

- A. This Agreement supercedes the Agreement of April 8, 1975, and the Agreement of December 10, 1984, by and between the Counties of Inyo, Mono, Riverside, and San Bernardino and between all forerunners and amendments thereof. Its intent is to place the Agency in compliance with requirements as stated in Part 1 of Division 2.5 (commencing with Section 1797) of the Health and safety Code
- B. This Agreement may be amended at any time by the mutual agreement to the parties hereto.

IN WITNESS WHEREOF, the undersigned counties of the State of California have executed this agreement upon the respective dates set forth after their signature.

ATTEST:

Signature on File

Clerk of the board of Supervisors

Signatures on File

County of San Bernardino April 25, 1988

County of Mono May 17, 1988

County of Inyo June 7, 1988

ATTACHMENT A

1797.202 - Medical Director

Every local EMS agency shall have a full or part-time licensed physician and surgeon as medical director, as designated by the county or by the joint powers agreement, to provide medical control and to assure medical accountability throughout the planning, implementation and evaluation of the EMS system.

1797.204 - Plan, Implementation, and Evaluation of Emergency Medical Systems

The local EMS agency shall plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures.

1797.206 - Advanced Life Support Systems

The local EMS agency shall be responsible for implementation of advanced life support systems and limited advanced life support systems and for the monitoring of training programs.

1797.208 - Training Programs for Emergency Medical Technicians

The local EMS agency shall be responsible for determining that the operation of training programs at the EMT-I, EMT-II, and EMT-P levels are in compliance with this division, and shall approve the training programs if they are found to be in compliance with this division. The training program at the California Highway Patrol Academy shall be exempt from the provisions of this section.

1797.210 - Certification of Personnel

The medical director of the local EMS agency shall issue a certificate to an individual upon proof of satisfactory completion of an approved training program and passage of the examination for competence. The certificate shall be proof of the individual's initial competence to perform at the designated level. The medical director of the local EMS agency shall re-certify EMT-I's, EMT-II's, and EMT-P's through passage of an examination for competency at least every two years.

1797.212 - Fee Schedules for Certification

The local EMS agency may establish a schedule of fees for certification in an amount sufficient to cover the reasonable cost of administering the certification provisions of this division.

1797.213 - Courses of Instruction for Certification

Any local EMS agency conducting a program pursuant to this article may provide courses of instruction and training leading to certification as an EMT-I, EMT-II, EMT-P, or authorized registered nurse. When such instruction and training are provided, a fee may be charged sufficient to defray the cost of such instruction and training.

1797.214 - Additional Training or Qualifications; Local Agency Requirement

A local EMS agency may require additional training or qualifications, which are greater than those provided in this chapter, as a condition precedent for practice within such EMS area in an advanced life support or limited advanced life support prehospital care system.

1797.215 - Requirement to Renew CPR Certificate Every Two Years

Notwithstanding any other provision of law, EMT-I's, EMT-II', and EMT-P's shall be required to renew their cardiopulmonary resuscitation certificate no more than once every two years.

1797.218 - Authorize Delivery of Emergency Medical Care

Any local EMS agency may authorize an advanced life support or limited advanced life support program which provides services utilizing EMT-II or EMT-P, or both, for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport to a general acute care hospital, during interfacility transfer, while in the emergency department of a general acute care hospital until care responsibility is assumed by the regular staff of that hospital, and during training within the facilities of a participating general acute care hospital.

1797.220 - Medical Control of Advanced Life Support Personnel

The EMS agency, using state minimum standards, shall establish policies and procedures to assure medical control of limited advanced life support and advanced life support personnel.

1797.222 - Patient Transport Ordinance

The county, upon the recommendation of its local EMS agency, may adopt ordinances governing the transport of a patient who is receiving care in the field from prehospital emergency medical personnel, when the patient meets specific criteria for trauma, burn or pediatric centers adopted by the local EMS agency. The ordinances shall, to the extent possible, ensure that individual patients receive appropriate medical care while protecting the interests of the community at large by making maximum use of available emergency medical care resources. These ordinances shall be consistent with Sections 1797.106, 1798.100, and 1798.102, and shall not conflict with any state regulations or any guidelines adopted by the Emergency Medical Service Authority. This section shall not be construed as prohibiting the helicopter program of the Department of the California Highway Patrol from a role in providing emergency medical service when the best medically qualified person at the scene of an accident determines it is in the best interest of any injured party.

1797.250 - Development and Submission of Plan

In each designated EMS area, the local EMS agency may develop and submit a plan to the authority for an emergency medical services system according to the guidelines prescribed pursuant to Section 1797.103.

1797.252 - Coordination and Facilitation of Arrangements

The local EMS agency shall, consistent with such plan, coordinate and otherwise facilitate arrangements necessary to develop the emergency medical services system.

1797.254 - Annual Submission of Plan; Recommendations and Requests for Modification

Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the affected health systems agency and the authority. The health systems agency shall have 60 days to make recommendations and may request modification of the plan if the plan is not deemed to be in the interest of the consumers to be served, or is not consistent with the overall plan for health care delivery.

1797.256 - Review of Applications for Grants and Contracts for Funds

A local EMS agency may review applications for grants and contracts for federal, state, or private funds concerning emergency medical services or related activities in its EMS area.

1797.257 - Develop and Submit a Plan for Trauma Care System Per Requirements of Regulations

A local EMS agency which elects to implement a trauma care system on or after the effective date of the regulations adopted pursuant to Section 1798.161 shall develop and submit a plan for that trauma care system to the authority according to the requirements of the regulation prior to the implementation of that system.

1797.258 - Submit Updated Plan Identifying Changes in Trauma Care System

After the submission of an initial trauma care system plan, a local EMS agency which has implemented a trauma care system shall annually submit to the authority an updated plan which identifies all changes, if any, to be made in the trauma care system.

1798. - Medical Director; Methods of Maintaining Control

The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency. This medical control shall be maintained in the following manner:

1. Prospectively by written medical policies and procedures to provide standards for patient care.
2. Immediately by direct voice communication between a certified EMT-P or EMT-II and a base hospital emergency physician or an authorized registered nurse and, in the event of temporary unavailability of voice communications, by utilization by an EMT-P or EMT-II of authorized, written orders and policies established pursuant to Section 1798.4.
3.
 - a. Retrospectively by means of medical audit of field care and continuing education.
 - b. Medical control shall be within an EMS system which complies with the minimum standards adopted by the authority, and which is established and implemented by the local EMS agency.

1798.2 - Advanced Life Support Personnel

The base hospital shall implement the policies and procedures of the local EMS agency for medical direction of prehospital limited advanced life support personnel and advanced life support personnel.

1798.4 - Initiation of Advanced Life Support Procedures; Failure to Establish Voice Contact with Base Station Contact; Report

- a. Whenever voice contact with a base hospital cannot be established and whenever a delay in care would jeopardize the life of the patient, the initiation of limited advanced life support or advanced life support procedures shall be authorized by the written standing orders approved by the medical director of the local EMS agency.
- b. In each instance where limited advanced life support or advanced life support procedures are initiated without voice contact with a base hospital, immediately upon ability to make voice contact, the EMT-II who has initiated such procedures shall make a verbal report to the base hospital emergency physician or authorized registered nurse. A written report

shall be filed, when possible, immediately upon delivery of the patient to a hospital, but in no case shall the filing of such report be delayed more than 24 hours. Such report shall contain the reason or reasons or suspected reason or reasons the communications equipment failed to function and the emergency medical procedures initiated and maintained, but not limited to evaluation of the patient, treatment decisions, and responses to treatment by the patient. The base hospital emergency physician shall evaluate this report and forward the report and evaluation to the medical director of the local EMS agency within 72 hours.

1798.6 - Medical Emergencies, Authority for Patient Health Care Management; Committee

- a. Authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care. If no licensed or certified health care professional is available, the authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency.
- b. If any county desires to establish a unified command structure for patient management at the scene of an emergency within that county, a committee may be established in that county comprised of representatives of the agency responsible for county emergency medical services, the county sheriff's department, the California Highway Patrol, public prehospital-care provider agencies serving the county, and public fire, police, and other affected emergency service agencies within the county.

The membership and duties of the committee shall be established by an agreement for the joint exercise of powers under Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the Government Code.

- c. Notwithstanding subdivision (a), authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority. The scene of an emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious and immediate risks to life and health. Public safety officials shall consult emergency medical services personnel or other authoritative health care professionals at the scene in the determination of relevant risks.

1798.100 - Designation: Contracts with Hospitals: Direction of Advanced Life Support

In administering advanced life support or limited advanced life support, a local EMS agency may designate or contract with hospitals within its area of jurisdiction to be base hospitals. Hospitals so designated or contracted with as base hospitals shall provide medical direction of the advanced life

support or limited advanced life support for the area defined by the local EMS agency in accordance with policies and procedures established by the local EMS agency pursuant to section 1798.

1798.101 - Utilization of Other Hospitals

- a. In rural areas, as determined by the authority, where the use of a base hospital having a basic emergency medical service special permit pursuant to subdivision (c) of section 1277 is precluded because of geographic or other extenuating circumstances, a local EMS agency, in order to assure medical direction to prehospital emergency medical care personnel, may utilize other hospitals which do not have a basic emergency medical service permit if both of the following apply.
 - (1) Medical control is maintained in accordance with local EMS agency policies and procedures.
 - (2) Approval is secured from the authority.
- b.
 - (1) In rural areas, as determined by the authority, when the use of a hospital having a basic emergency medical service special permit is precluded because of geographic or other extenuating circumstances, the local EMS agency may authorize another hospital or hospitals which do not have this special permit to receive patients requiring emergency medical services if the hospital or hospitals have adequate staff and equipment to provide these services, as determined by the local EMS agency.
 - (2) A local EMS agency which utilizes in its EMS system any hospital which does not have a special permit to receive patients requiring emergency medical care pursuant to paragraph (1) shall submit to the authority, as part of the plan required by Section 1797.254, protocols to ensure that the use of that hospital safety and the use of non-permit hospitals shall take into account, but not be limited to, the following:
 - (A) The medical staff, and the availability of the staff at various times to care for patients requiring emergency medical services.
 - (B) The ability of staff to care for- the degree and severity of patient injuries.
 - (C) The equipment and facilities available at the hospitals necessary to care for patients requiring emergency medical services and the severity of their injuries.
 - (D) The availability of more comprehensive emergency medical services and the distance and travel time necessary to make the alternative emergency medical services available.
 - (E) The time of day and any limitations which may apply for a non-permit hospital to treat patients requiring emergency medical services.
 - (3) Any change in the status of a non-permit hospital, authorized pursuant to this subdivision to care for patients requiring emergency medical services with

respect to protocols and the hospital's ability to care for the patients shall be reported by the hospital to the local EMS agency.

1798-102 - Base Hospital Supervision

The base hospital shall supervise prehospital treatment, triage, and transport, advanced life support or limited advanced life support, and monitor personnel program compliance by direct medical supervision.

1798.104 - Base Hospital Training and Continuing Education

The base hospital shall provide, or cause to be provided, EMS prehospital personnel training and continuing education in accordance with local EMS policies and procedures.

1798.160 - Construction of Regional Trauma Systems Article

Except where the context otherwise requires, the following definitions in this section govern construction of this article:

- a. "Trauma case" means any injured person who has been evaluated by prehospital personnel according to policies and procedures established by the local EMS agency pursuant to Section 1798.163 and has been found to require transportation to a trauma facility.
- b. "Trauma facility" means a health facility, as defined by regulation, which is capable of treating one or more types of potentially seriously injured persons and which has been designated as part of the regional trauma care system by the local EMS agency. A facility may be a trauma facility for one or more services, as designated by the local EMS agency.
- c. "Trauma care system" means an arrangement under which trauma cases are transported to, and treated by, the appropriate trauma facility.

1798.162 - Implementation of System; Hearing

- a. A local emergency medical services agency may implement a trauma care system only if the system meets the minimum standards set forth in the regulations for implementation established by the authority and the plan required by Section 1797.257 has been submitted to, and approved by, the authority. Prior to submitting the plan for the trauma care system to the authority, a local emergency medical services agency shall hold a public hearing and shall give adequate notice of the public hearing to all hospitals and other interested parties in the area proposed to be included in the system. This subdivision does not preclude a local EMS agency from adopting trauma care system standards which are more stringent than those established by the regulations.

1798.163 - Policies and Procedures for Implementation

A local emergency medical services agency implementing a trauma care system shall establish policies and procedures which are concordant and consistent with the minimum standards set forth in the regulations adopted by the authority. This section does not preclude a local EMS agency from adopting trauma care system standards which are more stringent than those established by the regulations.

1798.164 - Applicant Fee; Designation as a Trauma Facility

A local emergency medical services agency may charge a fee to an applicant seeking initial or continuing designation as a trauma facility in an amount sufficient to cover the costs directly related to the designation of trauma facilities pursuant to section 1797.165 and to the development of the plans prepared pursuant to section 1797.257 and 1797.258 and subdivision (b) of Section 1798.162.

1798.165 - Designation of Facilities as Part of System

- a. Local emergency medical services agencies may designate trauma facilities as part of their trauma care system pursuant to the regulations promulgated by the authority.
- b. The health facility shall only be designated to provide the level of trauma care and service for which it is qualified and which is included within the system implemented by the agency.
- c. No health care provider shall use the terms "trauma facility", "trauma hospital", "trauma center", "trauma care provider", "trauma vehicle", or similar terminology in its signs or advertisements, or in printed materials and information it furnishes to the general public, unless the use is authorized by the local EMS agency.

1798.166 - Plan of Implementation

A local emergency medical services agency which elects to implement a trauma care system on or after January 1, 1987, shall develop and submit a plan to the authority according to the regulations established prior to the implementation.

1798.170 - Development of Triage and Transfer; Protocols

A local EMS agency may develop triage and transfer protocols to facilitate prompt delivery of patients to appropriate designated facilities within and without its area of jurisdiction.

1798.172 - Guidelines and Standards; Transfers for Non-medical Reasons

- a. The local EMS agency shall establish guidelines and standards for completion and operation of formal transfer agreements between hospitals with varying levels of care in the area of jurisdiction of the local EMS agency. These guidelines shall include provision for suggested written agreements for the type of patient, necessary initial care treatments, requirements of inter-hospital care, and associated logistics for transfer, evaluation, and monitoring of the patient.
- b. Notwithstanding the provisions of subdivision (a), and in addition to the provision of Section 1317, a general acute care hospital licensed under Chapter 2 (commencing with section 1250) of Division 2 shall not transfer such a person for non-medical reasons to another health facility unless that other facility receiving the person agrees in advance of the transfer to accept the transfer.

1798.200 - Probation of Certificate Holder or Suspension or Revocation of Certificate; Imminent Threat to Public Health and Safety

The medical director of the local EMS agency may place on probation any certificate holder or suspend or revoke any certificate issued under the provisions of this part and in accordance with guidelines

established by the authority upon the finding by that medical director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the following actions:

- a. Fraud in the procurement of any certification under this division.
- b. Gross negligence.
- c. Repeated negligent acts
- d. Incompetence.
- e. The commission of any fraudulent, dishonest, or corrupt act, which is substantially related to the qualifications, functions, and duties of prehospital personnel.
- f. Conviction of any crime, which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy thereof shall be conclusive evidence of such conviction.
- g. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations promulgated by the authority pertaining to prehospital personnel.
- h. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- i. Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- j. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.

1798.202 - Probation, Suspension, Revocation or Denial for Failure to Comply

The local EMS agency may place on probation, suspend, or revoke the approval under this division of any training program for failure to comply with the provisions of this division or any rules or regulations adopted pursuant thereto.

1798.204 - Proceedings for Probation, Suspension, Revocation or Denial of Renewal of Certificate

Proceedings for probation, suspension, revocation, or denial of a certificate, or a denial of a renewal of a certificate, under this division shall be conducted in accordance with guidelines established by the Emergency Medical Services Authority.

1798.205 - Evaluation of Violations

Any alleged violations of local EMS agency transfer protocols, guidelines, or agreements shall be evaluated by the local EMS agency. If the local EMS agency has concluded that a violation has occurred, it shall take whatever corrective action it deems appropriate within its jurisdiction, including referrals to the district attorney under Sections 1798.206 and 1798.208 and shall notify the State Department of Health Services if it concludes that any violation of sections 1317 to 1317.9a, inclusive, has occurred.

1798.206 - Violations; Misdemeanor

Any person who violates any provision of this division or the rules and regulations promulgated pursuant thereto is guilty of a misdemeanor.

1798.208

Whenever any person who has engaged, or is about to engage, in any act or practice which constitutes, or will constitute, a violation of any provision of this division or the rules and regulations promulgated pursuant thereto, the superior court in and for the county wherein the acts or practices take place or are about to take place may issue an injunction or other appropriate order restraining such conduct on application of the authority, the Attorney General, or the district attorney of the county. The proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of civil Procedure, except that no undertaking shall be required.